

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

August 5, 2020

Dear Speaker Pelosi and Leader McCarthy,

As you continue negotiations on the next COVID-19 stimulus package, we write to emphasize the importance of an extension for the COVID-19 Telehealth Program at the Federal Communications Commission (FCC). We urge you to provide an additional \$200 million consistent with the provisions of the bipartisan COVID-19 Telehealth Extension Act (H.R. 7760).

As you know, there has been a surge in interest in telehealth services from both patients and providers since the public health emergency began. Preliminary national numbers provided by the Centers for Medicare and Medicaid Services (CMS) show the magnitude of the increase. CMS reports that prior to the public health emergency, approximately 13,000 fee-for-service Medicare beneficiaries received telemedicine per week. But in the final week of April 2020, nearly 1.7 million beneficiaries received telehealth services.<sup>1</sup>

Local providers in our districts report experiences that are in line with the national trend. In Central Virginia, for instance, one safety net hospital reported an average increase in telehealth visits of over 7,000 percent between March and June 2020. Avera Health, located in South Dakota, averaged 1,000 virtual visits per day through the month of April 2020, which represented a quick ramp up of their telehealth services.

Congress rightly anticipated the increased demand when it included a \$200 million appropriation in the CARES Act for the FCC to support health care providers' provision of telehealth services needed to prevent, prepare for, and respond to coronavirus. Unfortunately, within weeks of FCC starting the program, it was apparent this initial appropriation would be insufficient to meet providers' needs. More than 5,200 providers applied to participate in the program, and the FCC could only fund 500 of these applications before exhausting the initial appropriation.

Furthermore, providers that serve vulnerable communities across the country report support from the program as being essential to standing up telehealth services. A recent study found that as recently as 2018, 56 percent of community health centers did not have any telehealth use, and that of those, only about one in five were actively in the process of implementing or exploring telehealth.<sup>2</sup> Additionally, the benefits of telehealth, especially in long-term care facilities, are clear. Telehealth reduces the spread of infection from outside asymptomatic carriers, reduces hospitalizations when the physician is unable to

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<sup>1</sup> Verma, "Early Impact Of CMS Expansion Of Medicare Telehealth During COVID-19," Health Affairs, July 15, 2020. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

<sup>2</sup> Kim, Desai, and Cole, "How The Rapid Shift To Telehealth Leaves Many Community Health Centers Behind During The COVID-19 Pandemic," Health Affairs, June 2, 2020. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200529.449762/full/>

complete a face-to-face visit, and improves access to specialist visits without exposing the patient to infection.

These efforts by health providers in our districts, and thousands more like them, would improve access to care for communities across the country and protect providers and patients from this very infectious disease. For those reasons, we urge you to include an extension of the FCC COVID-19 Telehealth Program.

Sincerely,



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Abigail D. Spanberger  
Member of Congress



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Dusty Johnson  
Member of Congress

TJ Cox  
Member of Congress

Peter Welch  
Member of Congress

Raúl M. Grijalva  
Member of Congress

Doris Matsui  
Member of Congress

Ami Bera, M.D.  
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Sanford D. Bishop, Jr.  
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